DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FOLLOWING ADMINISTRATION

Approved; 04/04/02 FORM APPROVED OMB NO. 0938-0193

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TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE:	
STATE PLAN MATERIAL			
• · · · · · · · ·	SPA #02-18	Kansas	
HEALTHCARE FINANCING ADMINISTRATION			
	3. PROGRAM IDENTIFICATION: TITLE XIX	OF	
	THE SOCIAL SECURITY ACT (MEDICALE		
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TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE		
HEALTH CARE FINANCING ADMINISTRATION			
DEPARTMENT OF HEALTH AND HUMAN SERVICES	June 1, 2002		
5. TYPE OF PLAN MATERIAL (Check One):			
☐ NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN ■ AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMI	NDMENT (Separate Transmittal for each amen	dment)	
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT		
	a. FFY <u>2002</u> \$	0	
	b. FFY 2003 \$	0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED F	PLAN	
6. PAGE NOMBER OF THE PER GEOTION ON THE PROPERTY.	SECTION OR ATTACHMENT (If Applicable		
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#4.b., page 2	Attachment 3.1-A		
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FORM HCFA-179 (07-92)

Instructions on Back

KANSAS MEDICAID STATE PLAN

Attachment 3.1-A #4.b., page 2

KAN Be Healthy (Early and Periodic Screening, Diagnosis and Treatment) Limitations

Services	Same Limitations Apply for KAN Be Healthy (EPSDT) Participants as for Other Medicaid Consumers	Expanded Services for KAN Be Healthy (EPSDT) Participants to Include:
Physician's Services	No	Non-psychiatric office visits up to 24 per calendar year which includes nonemergency hospital visits; elective and nonelective surgeries; and individual psychotherapy up to 40 hours per calendar year. A special psychiatric program for children is covered with prior authorization.
Podiatric Services	No	Podiatry services are included in the physician limitation of 24 total office visits per year.
Optometric Services	No	Eye exams, refractions and coordination testing are unlimited.

SEP 0 4 2002 TN # MS #02-18 Approval Date ______ Effective Date 06-01-02 Supersedes # MS 02-03